



Application No. (if known): 10/649,336

Attorney Docket No.: 17087/002001

## Certificate of Express Mailing Under 37 CFR 1.10

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MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on May 17, 2006  
Date

  
Signature

Yuki Tsukuda

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Registration Number, if applicable

(713) 228-8600  
Telephone Number

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Response to Restriction Requirement (9 pages)  
Amendment Transmittal (1 page)  
Fee Transmittal (1 page)  
Payment by credit card. Form PTO-2038 is attached (1 page)  
Charge \$250.00 to credit card



5-18-06

Ifw/s  
cc

## AMENDMENT TRANSMITTAL LETTER

Docket No.  
17087/002001Application No.  
10/649,336-Conf. #4679Filing Date  
August 27, 2003Examiner  
Q. HanArt Unit  
2626

Applicant(s): I. Michael Gadd et al.

Invention: SPOKEN LANGUAGE INTERFACE

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

## CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	31	- 30 =	1	x 50.00	50.00
Independent Claims	6	- 5 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					250.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. 50-0591 in the amount of \$ \_\_\_\_\_  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-0591  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

*Jonathan P. Osha* #45,079  
*THOMAS SCHAEFER*  
Attorney/Agent Reg. No.: 33,986

Dated: May 17, 2006

OSHA · LIANG LLP  
1221 McKinney St., Suite 2800  
Houston, Texas 77010  
(713) 228-8600



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/649,336-Conf. #4679
		Filing Date	August 27, 2003
		First Named Inventor	I. Michael Gadd
		Examiner Name	Q. Han
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2626
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	250.00
		Attorney Docket No.	17087/002001

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** 31 - 30 = 1 x 50.00 = 50.00 **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** 6 - 5 = 1 x 200.00 = 200.00 **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

<b>SUBMITTED BY</b>			
Signature	<u>[Signature]</u> <u>#45,079</u>	Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	<u>Jonathan P. Osha</u> <u>THOMAS SCHERER</u>	Telephone	(713) 228-8600
		Date	May 17, 2006



Docket No.: 17087/002001  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
I. Michael Gadd et al.

Application No.: 10/649,336

Confirmation No.: 4679

Filed: August 27, 2003

Art Unit: 2654

For: SPOKEN LANGUAGE INTERFACE

Examiner: Q. Han

**RESPONSE TO RESTRICTION REQUIREMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the restriction requirement set forth in the Office Action mailed April 18, 2006, Applicant hereby provisionally elects Group I, claims 1 – 24, with traverse, for continued examination. Applicant's arguments along with amendments to the claims are presented in the following sections. Please reconsider this application in view of the following amendments and remarks.

05/19/2006 FFANAEIA 00000114 10649336

01 FC:1201	200.00 OP
02 FC:1202	50.00 OP